

01921

MARYLAND 1937

STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <b>QUEEN ANNES</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>MARYLAND</b> COUNTY <b>QUEEN ANNES</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>MILLINGTON</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>MILLINGTON</b>	
LENGTH OF STAY (in this place) <b>4 YRS</b>		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) <b>WILLIAM</b>	(Middle) <b>HALL</b>	(Last) <b>BONWILL</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 9, 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	
13. FATHER'S NAME <b>EUGENE M. BONWILL</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		14. MOTHER'S MAIDEN NAME <b>PENNINGTON</b>	
17. INFORMANT AND ADDRESS <b>EMORY BONWILL CHESTERTOWN, MD.</b>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331X Immediate cause (a) <i>Cerebral Hemorrhage</i>			
Antecedent cause(s) (b) <i>Generalized Arteriosclerosis</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>None</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>None</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <i>None</i>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Feb 26, 1955</i> , to <i>Feb 27, 1955</i> , that I last saw the deceased alive on <i>Feb 26, 1955</i> , and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above. SIGNATURE <i>H. A. Bonwill</i> (Degree or title) <i>M.D.</i> ADDRESS <i>Millington, MD.</i> DATE SIGNED <i>Feb 27, 1955</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		DATE <b>MAR. 1, 1955</b>	NAME OF CEMETERY OR CREMATORIAL <b>STILL POND CEMETERY</b>
DATE REC'D BY LOCAL REG. <b>Mar. 3</b>		REGISTRAR'S SIGNATURE <i>Edgar L. Lane</i>	LOCATION (City, town, or county) <b>STILL POND MD.</b>
		24. FUNERAL DIRECTOR <b>B. P. Fellows</b>	
		ADDRESS <b>STILL POND, MD.</b>	

BUREAU V. S

MAR 7 1955

RECEIVED

1938

01923

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 2571

## 1. PLACE OF DEATH:

COUNTY *Queen Anne's*

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)TOWN *Centreville*LENGTH OF STAY  
(in this place)*one*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland*COUNTY *Queen Anne's*CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWNTOWN *Rural Centreville*STREET  
ADDRESS

(If rural, give location)

*Perlee Queen Anne Road*3. HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS4. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

*WILLIAM MARION COONCILL*

## 5. SEX:

*Male*6. COLOR OR  
RACE:*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,

(Specify):

*Single*

8. DATE OF BIRTH:

*July 31-1889*

RECEIVED  
FEB 21 1955  
BUREAU V. S.

1939

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01924

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

Item 11, FilmGL78 3-15-55 et

1. PLACE OF DEATH  
COUNTY

Queen Anne's

MARYLAND

CITY (If outside corporate limits, write RURAL and  
OR give nearest town)

X TOWN Grasonville

LENGTH OF STAY  
(in this place)

11 yrs.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED  
(Type or Print)

(First) Virgie

(Middle) Vivian

2. USUAL RESIDENCE (HOME) OF DECEASED  
STATE

Md.

COUNTY

Q. A.

CITY (If outside corporate limits, write RURAL and give nearest town)

X TOWN Grasonville

(If rural, give location)

4. DATE  
OF  
DEATH

Feb.

19

1955

## 5. SEX

F

## 6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED  
(Specify)

Married

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR  
INDUSTRY

## 8. DATE OF BIRTH

Apr. 125, 1890

## 9. AGE last birthday

64

yrs.

If under 1 year  
Months Days HoursIf under 24 hrs.  
Days Min.

## 13. FATHER'S NAME

Thomas Radcliffe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT AND ADDRESS

Husband - W. T. Greenhawk - Grasonville

12. CITIZEN OF WHAT  
COUNTRY?

U.S.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194.4

Immediate cause

(a) Carcinomatosis - Organ of

INTERVAL BETWEEN  
ONSET AND DEATH

2 mo.

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

origin uncertain

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

## (Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY

m.

INJURY OCCURRED  
While at Work  At work 

## HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1954, to Feb. 18, 1955, that I last saw the deceased

alive on Feb. 18, 1955, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIUM

## LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

2/21/55

Helen M. dredge

Maurice E. Second &amp; Son

BUREAU N.Y.

RECEIVED  
MAR 4 1955

RECEIVED  
MAR 4 1955

1940

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY <i>Queen Anne</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Ind.</i> COUNTY <i>Queen Anne</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Chester</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chester</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS (If rural give location) <i>1</i>	
3. NAME OF DECEASED: (Type or Print)	(First) <i>KENNSLEY</i>	(Middle) <i>T.</i>	(Last) <i>GRIMES</i>
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>W.</i>	8. DATE OF BIRTH: <i>Feb. 3 1955</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>—</i>	
13. FATHER'S NAME: <i>Edward E. Grimes</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <i>Y</i> (If Yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>—</i>		14. MOTHER'S MAIDEN NAME: <i>Marilyn Hampton</i>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>770.5</i> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		INFORMANT & ADDRESS: <i>Edward E. Grimes, Chester, Ind.</i>	
(A) DUE TO <i>hemolytic jaundice</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Feb. 3. 1955</i>	
(B) DUE TO <i>erythroblastosis foetalis</i>		<i>Feb. 3. 1955</i>	
(C) DUE TO <i>congenital debility</i>		<i>premature birth</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>—</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Feb. 3. 1955</i>
22. I hereby certify that <i>she</i> attended the deceased from <i>Feb. 3. 1955</i> , to <i>Feb. 9. 1955</i> , that I last saw the deceased alive on <i>Feb. 9. 1955</i> , and that death occurred at <i>1:35 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Theodor Sattelmair</i> ADDRESS <i>Stevensville Md.</i> DATE SIGNED <i>Feb. 9. 1955.</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>—</i>	DATE THEREOF <i>Feb. 10</i>	NAME OF CEMETERY OR CREMATORIALY <i>Stevensville</i>	LOCATION (City, town, or county) (State) <i>Stevensville Ind.</i>
DATE REC'D BY LOCAL REGISTRAR <i>Feb. 11, 1955</i>	REGISTRAR'S SIGNATURE <i>Elizabeth Weller</i>	24. FUNERAL DIRECTOR <i>Edgar L. Lane - Church Stree. Md.</i>	ADDRESS <i>—</i>
1025204353			

BUREAU V. 8

EB 16 1955

REGELIVE

1941

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

Item 7, Film GL77 2-18-55 et

## 1. PLACE OF DEATH:

COUNTY Queen Anne MARYLAND  
 CITY (If outside corporate limits, write RURAL or and give nearest town)  
 TOWN Sudlersville LENGTH OF STAY (in this place)

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Queen Anne  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 TOWN Sudlersville  
 STREET ADDRESS (If rural give location)

## 3. NAME OF DECEASED: (First) (Middle) (Last)

(Type or Print) HARRY HUGH HUDSON

4. DATE OF DEATH: (Month) (Day) (Year)

Feb. 11 1955

## 5. SEX:

M.

W.

## 6. COLOR OR RACE:

W.

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed

## 8. DATE OF BIRTH:

Dec. 27, 1886

## 9. AGE last birthday:

68

yrs.

Months

Days

IF UNDER 1 YEAR

Hours

Min.

IF UNDER 24 HRS.

Yrs.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

Charge

Janitor Repair

Md.

11. BIRTHPLACE (State or foreign country):

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13. FATHER'S NAME:

Samuel Hudson

14. MOTHER'S MAIDEN NAME:

Lucy B. Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

9

16. SOCIAL SECURITY NO.:

216-12-1311

17. INFORMANT &amp; ADDRESS:

Mrs. Woodrow Montague, Sudlersville Md.

18. MEDICAL CERTIFICATION

Interval Between Onset And Death

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

19c. DATE OF AUTOPSY?

Yes  No 21. ACCIDENT (Specify) SUICIDE  HOMICIDE 

PLACE (Home, farm, factory, street, office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY OCCURRED While at Work  Not While At Work 

HOW DID INJURY OCCUR?

m.

22. I hereby certify that I attended the deceased from

1955 to 1955, that I last saw the deceased

alive on Feb. 9, 1955, and that death occurred at 3:30 A.M.

from the causes and on the date stated above.

SIGNATURE (Degree or title)

ADDRESS

DATE SIGNED

2/12/55

23. BURIAL, CREMATION, DATE THEREOF

REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

Feb. 13, 1955

Sudlersville Cem.

Sudlersville

D. A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR

2-14

REGISTRAR'S SIGNATURE

Edgar L. Lane

24. FUNERAL DIRECTOR

Edward Fellows.

Millington, Md.

BUREAU Y. S.

APR 16 1955

RECEIVED

1942

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Queen Anne CITY (If outside corporate limits, write RURAL or and give nearest town) Suddesville TOWN		MARYLAND LENGTH OF STAY (in this place) 2 mos.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Everett Nursing Home		STATE Md COUNTY Kent CITY (If outside corporate limits, write RURAL and give nearest town) Millington OR TOWN STREET ADDRESS 14 X - 2 (If rural give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
ETHEL Crouch		Feb. 3 1953	
5. SEX: F.		6. COLOR OR RACE: W.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed		8. DATE OF BIRTH: Feb. 16, 1869	
9. AGE last birthday: 85 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home	
11. BIRTHPLACE (State or foreign country): Md.		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13. FATHER'S NAME: Edwin Crouch		14. MOTHER'S MAIDEN NAME: Frances Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: none Mrs. Paul Connelly, Millington Md.	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 X			
Immediate cause (a) Cerebral Hypertension Antecedent causes (s) (b) Central Arterial Sclerosis Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (c) Chronic Myocarditis DUE TO DUE TO DUE TO			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			
19a. DATE OF OPERATION: 02		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		(Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from Feb. 10, 1953, to Feb. 3, 1953, that I last saw the deceased alive on Feb. 2, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 6, 1953 NAME OF CEMETERY OR CREMATORIUM Millington Cem. LOCATION (City, town, or county) (State) Millington, Kent Co., Md.	
DATE REC'D BY LOCAL REGISTRAR 2-5		REGISTRAR'S SIGNATURE Edgar L. Lane	
24. FUNERAL DIRECTOR		ADDRESS Edward Fellows, Millington, Md.	

RECEIVED  
BUREAU V. S.

FEB 9 1965

1943

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01928

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH COUNTY <i>Queen Anne's</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Md.</i> COUNTY <i>Q. A.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Chester</i> LENGTH OF STAY (in this place) <i>7 yrs</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Chester</i> STREET ADDRESS <i></i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i></i>			
3. NAME OF DECEASED (Type or Print) <i>Lucy</i>		(First) <i>JONES</i> (Middle) <i>Roe</i> (Last)	
4. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	4. DATE OF DEATH <i>Feb 15</i> (Month) <i>1955</i> (Day) <i></i> (Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	8. DATE OF BIRTH <i>Jan. 21 1884</i> 9. AGE last birthday <i>71</i> If under 1 year If under 24 hrs. Months <i></i> Days <i></i> Hours <i></i> Min. <i></i>
13. FATHER'S NAME <i>Samuel L. Jones</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i> 12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i></i> 17. INFORMANT AND ADDRESS <i>Sam - Albert Roe - Chester, Md</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  175X Immediate cause (a) <i>Carcinoma of Ovary</i> 19. INTERVAL BETWEEN Antecedent cause(s) Diseases or conditions, if any, (b) <i></i> ONSET AND DEATH giving rise to the above cause <i></i> stating the underlying cause last <i></i> 1 yr.  (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <i></i>	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	While at m.	INJURY OCCURRED Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan. 1951</i> to <i>Feb. 1955</i> , that I last saw the deceased alive on <i>Feb. 15, 1955</i> , and that death occurred at <i>8:45</i> m., from the causes and on the date stated above. SIGNATURE <i>Ervin J. Hoyt M.D.</i> ADDRESS <i>Queenstown Md.</i> DATE SIGNED <i>2/15/55</i> (Degree or title)			
23. BURIAL Cremation REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb. 18, 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>Stevensville Cemetery</i>	LOCATION (City, town, or county) (State) <i>Stevensville, Maryland</i>
DATE REC'D BY LOCAL REG. <i>Feb. 18-1955</i>	REG. <i>Elizabeth Hoyt</i>	REGISTRAR'S SIGNATURE <i>Elizabeth Hoyt</i>	24. FUNERAL DIRECTOR ADDRESS <i>W. Hampton Carroll, Esq., Jr., Md.</i>

RECEIVED  
BUREAU V. S.

FEB 28 1955

1944

01929

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 252

Reg. Dist.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

COUNTY *Dorchester*

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)TOWN *near Centreville*LENGTH OF STAY  
(in this place)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Md*COUNTY *Dorchester*CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN*Centreville R.R.*3. HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS*None*4. NAME OF  
DECEASED:  
(Type or Print)(First) *James* (Middle) *Bernard* (Last) *Slaughter*5. SEX: *Male* 6. COLOR OR  
RACE: *white* 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): *Married* 8. DATE OF BIRTH: *June 1-1920* 9. AGE last birthday: *34* yrs. 10. IF UNDER 1 YEAR  
11. IF UNDER 24 HRS.  
Months *0* Days *0* Hours *0* Min. *0*10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): *Farmer*10b. KIND OF BUSINESS OR  
INDUSTRY:11. BIRTHPLACE (State or foreign country): *Talbot Co. Md* 12. CITIZEN OF WHAT  
COUNTRY? *U.S.*

## 13. FATHER'S NAME:

*Bernard Slaughter*

## 14. MOTHER'S MAIDEN NAME:

*Doris E. Callahan*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)4 *No* 16. SOCIAL SECURITY NO.: *none* 17. INFORMANT & ADDRESS:  
*Clara Lloyd Slaughter - wife*

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

*824 X*  
Immediate cause *Auto accident - Broken neck + asphyxia*  
(a) DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

## Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause DUE TO  
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY *Co-road*21c. (City or town) *near Centreville* (County) *17* (State) *Md*21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY *Feb 9 55 - 9:45 A.M.*21e. INJURY OCCURRED  
While at *work* Not white  
work  at work 

## 21f. HOW DID INJURY OCCUR?

*Fell or thrown from truck -*22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident  Suicide , Homicide , Undetermined cause .

## SIGNATURE

*W. Harry Fisher*CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
M. D. ASSISTANT MEDICAL EXAM.

## DATE SIGNED

*2/10/55*23. BURIAL, CREMATION,  
REMOVAL (Specify): *Burial*DATE RECD BY LOCAL  
REG. *2-11-55*DATE THEREOF *Feb. 12 1955* NAME OF CEMETERY OR CREMATORIUM *Springfield* LOCATION (City, town, or county) (State) *Baltimore, Maryland*

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*Elmer Armstrong**Baltimore Bros. Centreville, Maryland*

BUREAU V. S.

FEB 21 1965

RECEIVED